City of San Diego City Planning & Community Investment Department Barrio Logan/Harbor 101 Community Plan Update

Stakeholder Committee Registration Form

(Please Print and Check Appropriate Boxes)

Completed Stakeholder Committee Registration Forms must be submitted with all proper eligibility documents by **February 27, 2009, by 5 p.m.** to the City of San Diego City Planning & Community Investment Department, c/o Lara Gates, 202 C Street, MS-4A, San Diego CA 92101. The registration form and accompanying required eligibility documentation may also be faxed to 619-533-5951 or emailed to lgates@sandiego.gov.

emailed to <u>lgates@sandiego.gov</u> .			
I,			
 Resident Property Owner Resident Tenant Non-Resident Property Owner Commercial Business Owner Industry Representative Non-Profit or Community Organization* 			
I certify that within the boundaries of the Barrio Logan/Harbor 101 Community Plan Area (Please check one appropriate box and fill in the information requested.):			
[] I am a resident tenant living at			
my home phone is my business phone & fax are my email is			
I am a resident owner of property located at			
I am an owner of property located at			
] I am a business owner, whose business name and address is			
my home phone is my business phone & fax are my email is			

		ATTACHMENT B	
[]	I am a industry representative, whose busi		
	my home phone is		
	my business phone & fax are		
	my email is		
[]	I am a representative of a Non-Profit or Community Organization named		
	located at, which serves the Barrio		
		and has been in existence for two years or more prior	
	my mailing address is		
	my home phone is		
	my business phone & fax are		
	my email is		
	quires that the representative must be designationated with written proof of eligibility, to representations.	ed by the Community Organization and formally esent on its behalf as a BLSC Member.	
	prior experience in community affairs and/or moves (attach additional sheet if necessary):	y other qualifications to serve on the BLSC are as	
	•		
Signa	nature of Candidate	Date	
	Do Not W	rite Below This Line	
		-	
Proo	of of Eligibility: 1.		
1100	2		
	2.		
Staff	f Certification:		
Date			

ATTACHMENT B